

State of Louisiana

Division of Administration

Office of the Commissioner

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Contact: Meghan Parrish, 225-342-7000

The Office of Group Benefits Extends Annual Enrollment Period

New Plan Options Scheduled to Begin March 1, 2015

BATON ROUGE – Today, the Office of Group Benefits (OGB) announced it would extend the annual enrollment period for its 2015 health plan options through the end of November 2014. The enrollment period will now begin October 1 and last through November 30. The health plan changes are scheduled to begin March 1, 2015 instead of January 1 when the plan year begins.

The enrollment period for supplemental insurance products, including dental, vision and life insurance will be extended through November as well. Those plans will take effect January 1 along with flexible spending plans. Flexible spending accounts allow employees to set aside a portion of their paycheck to pay for qualified expenses before taxes are deducted.

"We take the concerns of our members very seriously and want to do everything we can to ensure they have the time and resources necessary to make their plan choice," said Commissioner of Administration Kristy Nichols. "Shifting our timeline will give people the chance to get accurate information and better understand their options."

In addition to the extended time frame, OGB will allow retirees who are enrolled in an OGB health plan option, either as primary or secondary coverage, to remain in a comparable option without having to re-enroll. Retirees interested in Medicare Advantage plans are still required to enroll by December 7 for the plan year that begins January 1. If no action is taken by the end of the enrollment period, retirees will remain in the option most comparable to their current selection. Active employees who take no action will be enrolled in the Pelican HRA 1000 option, a new choice that offers up to \$2,000 in employer funding that offsets out-of-pocket costs.

Several new options with lower premiums and increased employer contributions are available beginning March 1. Members are encouraged to use the additional enrollment time to make the selection that best fits their needs. Most members will remain in their current plan through February 28, unless they choose to make a change. However, members who wish to remain in or select a Vantage plan must make their selection effective January 1.

As health care costs across the country continue to rise, OGB and other employers have had to make changes to benefit offerings in order to continue to pay claims. While OGB maintains a

reserve fund that contained more than \$370 million in cash at the end of fiscal year 2014, the cost of claims currently outpaces the revenue received through premiums each month.

Last week, OGB announced it would begin the process of promulgating the schedule of benefits. Sending fiscal and economic impact statements to the Legislative Fiscal Office (LFO) begins the promulgation process that will make OGB's benefits a part of state law. Once the LFO approves, the rules will be sent to the Office of the State Register, the President of the Senate, the Speaker of the House, and oversight committees. The committees will then send a recommendation to the governor for approval. OGB expects the regular rules to be promulgated by March 1.

OGB is also issuing emergency rules to publish the formulary and prior authorization changes that took effect in August for active employees and retirees without Medicare. Those changes will take effect in January for retirees with Medicare, in line with the Medicare plan year. Emergency rules have the same effect as promulgation of regular rules, for up to 120 days. They will take effect immediately and continue through the administrative process.

Information on the 2015 plan options is available on OGB's annual enrollment website at www.annualenrollment.groupbenefits.org. Members are receiving decision guides in the mail that outline each plan in detail. 43 meetings are being held across the state in addition to live webinars for employees and retirees. OGB has also developed a cost calculator tool that allows members to compare plans and out-of-pocket cost side-by-side as well as a one-sheet that compares last year's plans to the upcoming year's options. Additionally, customer service hours have been extended to 7 a.m. through 7 p.m. Monday through Saturday.

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